

City of Rockford, Illinois

Community & Economic Development Department
Construction and Development Services
425 East State Street, Rockford, IL 61104
Phone: (779) 348-7158 Fax: (815) 967-4243
Web: www.rockfordil.gov



2020 BUILDING DEMOLITION PERMIT APPLICATION

DOCUMENTS REQUIRED FOR FILING

1. This application completed through page 2.
2. Have you applied for your Demolition Contractor License?
3. Site plan clearly depicting what areas to be demolished, what areas to remain and the end result of the area being demolished. Demolitions where a portion of the building will remain may require submittal of structural documents by an architect/structural engineer for analysis of the structure. A separate permit will also be required for the completion or finishing work of such a project where portions of a building remain.
4. Copies of notices to adjacent property owners of the impending demolition.
5. The RRWRD must be contacted at (815)387-7555 to verify if the subject property is served by the public sanitary sewer system.

Project Address: _____ Property Code # (P.I.N.): _____

Property Type: Residential (1 or 2 family) Commercial Industrial Multifamily Dwelling Units

Project Name: _____

Owners Name _____ Phone/Fax #: _____ / _____

Owners Address: _____ Zip code: _____

Demolition Contractor Business Name: _____

Contact Person: _____

Contractor Address: _____

Lic.#: _____ Cell #: _____ Phone#/Fax #: _____ / _____

VALUE OF DEMOLITION: \$ _____



Has the RRWRD been contacted? You must contact their office prior to performing any work.

General Contractor (when applicable): _____ Phone/Fax #: _____

Architect/Engineer & Structural documents (when applicable): _____ Phone/Fax #: _____

Describe work to be done in **DETAIL**: _____

What will be put in place of demolished structure(s)(top soil & seed, pavement, etc.): _____

Existing Use(s): _____

Proposed Use(s): _____

Expected Start Date of Demolition: _____ Expected Date of Completion: _____

FLOOR AREAS:

Total building area on all floors: _____ sq.ft.

Total floor area to be demolished: _____ sq.ft.

Remaining floor area: _____ sq.ft.

BUILDING HEIGHT:

Mean height of highest roof from mean grade: _____ feet.

Number of Stories above grade: _____

Basement? YES [] NO []

NO. OF BUILDINGS TO BE DEMOLISHED:

Commercial Structures: _____

Residential Structures: _____

Accessory Structures: _____

TOTAL BUILDING DIMENSIONS:

Width: _____ feet. Length: _____ feet.

APPLICANT'S CERTIFICATE

As owner or authorized agent of the project for which this application is being filed, I hereby certify:

1. The description of use and information contained on this application is correct and;
2. The structure will not be occupied or used until all known code violations are corrected and a Certificate of Occupancy is issued by the Building Department and;
3. The project, if permit is granted, will comply with all requirements of applicable City Ordinances and pay all fees required by such ordinances and;
4. The project will be constructed in accordance with the released documents [drawings and specifications] and applicable codes and ordinances of the City of Rockford and;
5. Any changes to the released documents will be filed with the City of Rockford Building Department and;
6. Another application will be submitted at such time as the described use may change.
7. No error or omission in either documents or application, whether said documents or application have been approved by the Code Official or not, shall permit or relieve the applicant from constructing the work in any manner other than provided for in the Ordinances of this City relating thereto.
8. The City of Rockford has notified me of Part 61 of Title 40 of the Code of Federal Regulations (NESHAP) and I agree as a condition of this permit to file any required NESHAP notification form with the Illinois Environmental Agency, as required by Section 61.145 (b). (Asbestos Regulations)
9. If other than the owner, I am certifying that the proposed work has been authorized by the owner of record and that I have been authorized by the owner to complete this application on his behalf. I will be acting on behalf of the owner as his:
☐ CONTRACTOR ☐ ARCHITECT/DESIGN PROFESSIONAL ☐ ENGINEER ☐ AGENT/OTHER

APPLICANT MUST COMPLETE * ONE * OF THE APPROPRIATE SECTIONS BELOW:

As applicant other than the owner:

As owner:

(Name of applicant if other than owner) typed or printed_____
(Name of Owner) typed or printed_____
(Title)_____
(Phone #)_____
(Phone #)_____
(Street Address of applicant other than owner)_____
(Street Address of owner)_____
(City, State, Zip)_____
(City, State, Zip)

X _____
 (Signature of applicant other than owner) (Date)

X _____
 (Signature of owner as applicant) (Date)